

EFT DIRECT DEPOSIT AUTHORIZATION FORM



COLORADO
Office of the State Controller

Department of Personnel
& Administration

SECTION I – DEPOSITOR STATE AGENCY INFORMATION

RETURN THIS FORM TO:

STATE DEPARTMENT: Colorado Dept of Public Health

MAILING ADDRESS: 4300 Cherry Creek Drive South

CITY, STATE, ZIP: Denver, CO 80246

DEPARTMENT CONTACT: Tammy Abad EMAIL: tamera.abad@state.co.us PHONE: (303) 692-2330

SECTION II – PAYEE (RECEIVOR) INFORMATION

VENDOR NAME _____

D/B/A _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

SECTION III – FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

ATTACH A SCANNED COPY OF A VOIDED CHECK (TEMPORARY CHECKS AND DEPOSITS SLIPS WILL NOT BE ACCEPTED) OR A BANK LETTER. BANK LETTER MUST INCLUDE ALL INFORMATION REQUESTS IN SECTION III.

DEPOSITORY INSTITUTION NAME _____

BRANCH LOCATION (street,city,state,zip) _____

TRANSIT ABA NUMBER _____ (9 digit routing number)

ACCOUNT # _____ ☐ CHECKING ACCOUNT ☐ SAVINGS ACCOUNT

PAYEE SOCIAL SECURITY NUMBER **ON BANK ACCOUNT**

OR

PAYEE EMPLOYER IDENTIFICATION **ON BANK ACCOUNT**

FOR FURTHER CREDIT TO ACCOUNT _____

SECTION IV – AUTHORIZATION FOR DIRECT DEPOSIT SETUP, CHANGE, OR CANCELLATION

☐ SET UP ☐ CHANGE ☐ CANCEL

I (we) certify I have the authority to execute this authorization. **I (we) hereby authorize** the depositor named at the top of this form to initiate, change or cancel EFT credit entries (deposits), and if necessary to reverse any incorrect EFT payments made in error to the bank account indicated above. In the event a “reversal” can not be implemented, I (we) understand the state will utilize any other lawful means to recover the deposited funds to which the payee was not entitled. I (we) and the depositor agree to be bound by National Automated Clearing House Association (NACHA) Rules.

This authorization is to remain in full force until the State Depositor Agency named above has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it.

PRINTED NAME _____

TITLE _____

Signature _____

Date _____